



## Needs Assessment for Workshop Participants

### 10 Questions

1. What is your age group?

0-15	16-30	31-45	46-60	61-75	76-90	Prefer not to say
------	-------	-------	-------	-------	-------	-------------------

2. What gender do you identify as?

Female	Male	Other	Prefer not to say
--------	------	-------	-------------------

3. How confident are you that you can do some simple things using digital technology (computer, smartphone, and the Internet etc.)?

Not confident at all	Not confident	Confident	Quite confident	Very confident	Hard to say
----------------------	---------------	-----------	-----------------	----------------	-------------

4. What can you already do using digital technology?

*Example: Turn on a computer.*

.....

5. Do you have access to digital equipment?

No, I do not have access to any digital equipment.	Yes, I have access to: .....
--	------------------------------

6. Do you have access to an Internet connection?

No	Yes
----	-----

7. Do you have any specific accessibility needs that you would like us to know about?

.....

8. Which languages do you speak?

.....

9. Do you have any other needs that you would like us to know about?

*Examples: Allergies or phobias.*

.....

10. What would you like to be able to do using digital equipment and/or the Internet?

.....

